



# CITY OF DES MOINES PARK & RECREATION DEPARTMENT 2008 FIELD USE APPLICATION

Complete the following application to request field use for your league/organization.

League/Organization: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_  
Telephone: (W) ( ) (H) ( ) (CELL) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ (FAX) \_\_\_\_\_

## ORGANIZATION BACKGROUND:

For scheduling priority purposes, please answer the following questions. Additional documentation may be requested to verify the information provided.

Are you a Des Moines based community organization: ☐ YES ☐ NO  
Does your organization have non-profit status? ☐ YES ☐ NO TAX ID#: \_\_\_\_\_  
Is there a fee for this activity? ☐ YES ☐ NO If so, how much? \_\_\_\_\_  
Anticipated Revenue: \_\_\_\_\_ Proceeds used for: \_\_\_\_\_  
What percent of Des Moines residents/teams participating: \_\_\_\_\_  
Has your league/organization used Des Moines P&R fields before? If so, when? \_\_\_\_\_  
If your league/organization uses school fields or fields outside of Des Moines, please list names and percentage of use: \_\_\_\_\_

The following fees are due at time of application or after completion/cancellation of tournaments:

A \$25 application processing fee will be charged for each application submitted with a minimum of two (2) reservation requests.

A \$5 application processing fee will be charged for each application submitted with one (1) reservation request.

A \$100 per day cancellation fee will be assessed for all tournament cancellations.

I understand that any reservations scheduled will be billed to me individually or my organization whether or not used. Failure to cancel/change reservations without a five (5) day notice will result in full charge for field use. Any weekend tournament cancellation without a 30 day notice will result in a \$100 cancellation fee for each weekend cancelled.

The User shall defend, indemnify and hold the City of Des Moines, it's officers, officials, employees and volunteers harmless from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss of damage to property, which arises out of the use of Premises or from any activity, work or thing done, permitted, or suffered by User in or about the Premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City. The User shall be responsible for any damage caused by User.

The User shall supply a Certificate of Insurance with a separate endorsement naming the City of Des Moines as an additional insured with coverage limits no less than \$1,000,000 general liability per occurrence, \$2,000,000 general aggregate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Application Fee: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

## For Office Use Only:

[ ] Application Processing Fee \$25 [ ] \$5 [ ] [ ] Copy of Reservation Request  
[ ] Copy of Liability Insurance [ ] Copy of Organization Representatives

However, a field prep is optional and must be requested on this application for the field to be scheduled with a preparation. If you choose to have the field prepped, indicate in the appropriate column with a ☒

[illegible]